PART B - FEE(S) TRANSMITTAL

Complete and send this forms together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
Commissioner for Pate

DEC 11 2006

Commissioner for Patents P.O. Box 1450 According Virginia 22313-1450

or <u>Fax</u> (571)-273-2885

sed for transmitting the ISSUE FEE and PUBLICATION FEE (if required). INSTRUCTIONS:

appropriate. All further indicated unless correcte maintenance fee notifical	ed below or directed oth	ig the P nerwise	atent, advance or in Block 1, by (a	rders and notification of a) specifying a new con	of ma	aintenance fees w ondence address;	rill be r and/or	nailed to the current of (b) indicating a separ	correspondence address as rate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address)						Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
24628	7590 09/19	/2006		12	iave			•	- !!	
WELSH & KA		Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.								
22ND FLOOR CHICAGO, IL 60606						_	ro (571) 273-2885, on the da	te indicated below. (Depositor's name)	
12/12/2006 MWDLDGE2 00000026 503029 10662768						Abby Roone (Signature)				
	00.00 DA 00.00 DA			į	De	ecember 5/,	200	6	(Date)	
APPLICATION NO.	FILING DATE			FIRST NAMED INVENT	OR		ATTOF	NEY DOCKET NO.	CONFIRMATION NO.	
10/662,768	10/662,768 09/15/2003			Randy Wickman	7385-88348			7385-88348	1482	
FITLE OF INVENTION: METHOD OF GUIDING AN OPTICAL SIGNAL										
APPLN. TYPE	SMALL ENTITY	ISS	UE FEE DUE	PUBLICATION FEE DU	JE I	PREV. PAID ISSUE	FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	NO \$14		\$300		\$0			12/19/2006	
EXAMINER			ART UNIT	CLASS-SUBCLASS	s					
MOONEY, MICHAEL P			2883. 385-088000							
. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list CFR 1.363). Welsh & Katz, Lt.									CV-L- TLJ	
Change of correspondence address (or Change of Correspondence				(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,						
Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form				(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to						
PTO/SB/47; Rev 03-0 Number is required.	2 registered patent attorneys or agents. If no name is listed, no name will be printed.									
ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)										
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.										
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)										
Emcore Corporation Albuque						erque, NM				
Please check the appropriate assignee category or categories (will not be printed on the patent):										
a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)										
Issue Fee										
☐ Publication Fee (No small entity discount permitted) ☐ Payment by credit ☐ Advance Order - # of Copies ☐ The Director is her						Form PTO-2038	is attac	hed.	-1	
overpayment, to Deposit Account Number 50-3029 (enclose an extra copy of this form).										
_ ` `	us (from status indicated SMALL ENTITY statu	,		☐ b. Applicant is no le	onge	r claiming SMAL	I. ENT	TY status See 37 CFF	R 1 27(a)(2)	
	Publication Fee (if requ	ired) wi	Il not be accepted	from anyone other than					assignee or other party in	
	<u> </u>				-	Door				
Authorized Signature			Date Dece							
Typed or printed name On P. Christensen Registration No. 34,137 his collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and benefit by the public wh										
nis collection of informa n application. Confident ubmitting the completed his form and/or suggestic fox 1450, Alexandria, Vi	auonus required by 37 C latify is governed by 35 application form to the ons for reducing this bur rginia 22313-1450. DO	FR 1.31 U.S.C. I USPTO den, sho NOT SI	The information Amount of the information Time will vary only be sent to the END FEES OR C.	n is required to obtain o 1.14. This collection is of depending upon the ind Chief Information Offic COMPLETED FORMS	r retrestiment of the control of the	ain a benefit by the nated to take 12 m ual case. Any con U.S. Patent and T ITHIS ADDRESS.	e public inutes i nments radema SEND	which is to file (and be complete, including on the amount of time rk Office, U.S. Depart TO: Commissioner fo	by the USPTO to process) gathering, preparing, and by you require to complete truent of Commerce, P.O. r Patents, P.O. Box 1450,	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.